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## APPLYING FOR A GROEIPAKKET

Since 1 January 2019, every child living in Flanders is entitled to a **Groeipakket, the new Flemish child allowance.**

You will receive the Groeipakket automatically if you previously requested the birth allowance for your child

In other cases, you can submit an **application by returning the enclosed form to us completed and signed.**

Have you already applied for a Groeipakket via FONS? If so, you are receiving this form because we are still missing some information necessary to process your application. Please complete and return it to us.

### FONS is here for you!

As the Flemish government service that pays the Groeipakket, FONS guarantees a correct and friendly service to Flemish families.

**Do you have a question** about your file or a general question about the Groeipakket? We would be pleased to help you.

- Mail to: [internationaal@fons.be](mailto:internationaal@fons.be)
- Call us on: **078 79 00 07**. Or, if you are calling from **abroad, on: +32 2 897 12 99**

More info: [www.fons.be](http://www.fons.be)



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## GROEIPAKKET APPLICATION FORM

### Applicant details

- **First name and surname** *(in full, no abbreviations):* .....
- **Address:**  
 Street and house number: .....  
 Postcode and town: .....  
 Country: .....
- **E-mail:** .....
- **Telephone number:** .....
- **National register number** *(see back of identity card):* .....
- **Date of birth** (if you do not have a national register number):  
 .....
- **Sex:** .....

### Details of the applicant's partner (only complete if you have a partner)

- **First name and surname** *(in full, no abbreviations):* .....
- **Address:**  
 Street and house number: .....  
 Postcode and town: .....  
 Country: .....
- **E-mail:** .....
- **Telephone number:** .....
- **National register number** *(see back of identity card):* .....
- **Date of birth** (if you do not have a national register number):  
 .....
- **Sex:** .....

### Personal details of the applicant

I am currently employed or self-employed.

- Name of employer or company: .....
- **Address:**  
 Street and house number: .....  
 Postcode and town: .....  
 Country: .....

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I am not working at the moment.

I am retired.

⇒ Please enclose a copy of your pension certificate or pension notification.

Others: .....

## Professional situation of the applicant's partner (only complete if you have a partner)

My partner works for an international organisation (e.g. EU Institution, NATO).

- Name organisation: .....
- Address:  
Street and house number: .....
- Postcode and town: .....
- Country:  
.....

My partner works in a country other than Belgium, namely .....

My partner receives social benefits from a country other than Belgium.

- Country: .....
- Type of benefit: .....

My partner is not working at the moment.

## The children for whom you are applying for a Groeipakket

Please complete at least all fields for child 1. If you are applying for more than one child, use the other columns. If you are applying for more than 6 children, please use the blank space on the form or attach an extra sheet of paper.

	Child 1	Child 2	Child 3
Child's first name and surname			
Date of birth and Sex of child			
Applicant's relationship with the child (e.g. parent, step-parent, foster parent, grandparent)			

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Partner's relationship with the child (e.g. parent, step-parent, foster-parent, grandparent)			
	<b>Child 4</b>	<b>Child 5</b>	<b>Child 6</b>
Child's first name and surname			
Date of birth and Sex of child			
Applicant's relationship with the child (e.g. parent, step-parent, foster parent, grandparent)			
Partner's relationship with the child (e.g. parent, step-parent, foster-parent, grandparent)			

**Do you have any children already in receipt of family benefits from a country other than Belgium?**

No

Yes

- Name of the child(ren): .....
- Name and address of the institution paying the child benefit:  
.....  
.....
- File number: .....

**Do you have any children with a recognised disability of at least 66%?**

No

Yes

- Name of the child(ren): .....

**Do you have any children who have lost one or both parents?**

No

Yes, one parent

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- Name of the child(ren): .....
- Name and date of birth of the deceased parent: .....

**Yes, both parents**

- Name of the child(ren): .....
- Name and date of birth of the deceased parent: .....

**With regard to the children for whom you are applying, are you raising them all in your family?**

**Yes**

**No**

- Name of the child not being raised in your family:  
.....

This child is being raised in the other parent's family.

This parent's first name and surname: .....

This parent's date of birth: .....

Does this parent work? YES / NO

This child is being raised in a foster home.

Guardian's first name and surname: .....

Guardian's date of birth: .....

Guardian's relationship with the child: .....

Does the guardian work?  YES /  NO

This child has been placed in an institution.

Name of the institution: .....

Institution's address: .....

Telephone number of the institution: .....

Date of placement: .....

*Make use of the blank space or attach a sheet of paper if several children are involved.*

**Date request** ...../...../.....

**Signature of the applicants:**

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**Remember to inform us of any changes  
to your family situation or the situation of the children.**

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## PAYMENT OF THE GROEIPAKKET INTO A CURRENT ACCOUNT

For Belgian accounts, a declaration by the beneficiaries is sufficient. We will then check the account number with your bank. For non-Belgian accounts, the bank must also complete a statement.

### Statement by the beneficiaries

First name and surname of beneficiary 1: .....

- Street and house number: .....
- Postal code, municipality and country: .....
- National register number *(see back of identity card)*: .....
- Date of birth *(if you do not have a national register number)*:  
.....

First name and name of beneficiary 2 (only complete if there is another beneficiary): .....

- Street and house number: .....
- Postal code, municipality and country: .....
- National register number *(see back of identity card)*: .....
- Date of birth *(if you do not have a national register number)*:  
.....

I/we request that the Groeipakket be deposited into this current account:

- IBAN: .....
- BIC: .....
- On behalf of: .....

Date: ...../...../.....

Signature beneficiary(ies):

### Statement by the bank

We confirm that the current account

- IBAN: .....
- BIC: .....

is in the name of.....

resident at .....

and that the signature of at least one of the beneficiaries mentioned is sufficient to gain access to the account.

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Date: ...../...../.....

Stamp and signature of the bank:



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**DECLARATION OF PLACE OF RESIDENCE** (complete if you are resident outside of Flanders)

Please ask the authority responsible for the population register or the civil register at your family's place of residence to complete this form.

**Family composition**

Surname	First names	Date of birth	Family relationship
Comments:			

The competent authority will verify the accuracy of the information on the basis of the official documents in its possession.

Date: ...../...../.....

Name, stamp and signature of the institution: